

**CUSTOMER COMPLAINT RECORD**

For use of this form, see DA PAM 5-20; the proponent agency is ACSIM.

DATE OF COMPLAINT	TIME OF COMPLAINT
ORGANIZATION	SOURCE OF COMPLAINT
INDIVIDUAL	
NATURE OF COMPLAINT	
CONTRACT REFERENCE	
VALIDATION	
DATE CONTRACTOR INFORMED COMPLAINT <i>(Responsible officer)</i>	TIME CONTRACTOR INFORMED OF COMPLAINT <i>(Responsible officer)</i>
ACTION TAKEN BY CONTRACTOR <i>(Responsible officer)</i>	
RECEIVED AND VALIDATED BY	
NOTE: ( <input type="checkbox"/> ) Used for in-house operation.	